

Rutland Health District

2012 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

VDH – Public Health Statistics
May 2014

 **VERMONT**
DEPARTMENT OF HEALTH

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What is the Behavioral Risk Factor Surveillance System or BRFSS?

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is conducted by the Vermont Department of Health (VDH) in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C. and several U.S. territories participate in the survey.

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

Additional information can be found on the VDH and CDC websites:

- <http://healthvermont.gov/research/brfss.aspx>
- <http://www.cdc.gov/brfss/>

A report summarizing the 2012 statewide results from the Vermont BRFSS can also be found on the VDH website:

http://healthvermont.gov/research/brfss/documents/summary_brfss_2012.pdf

Recent Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare 2011 results to previous years. VDH's Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

Demographics of Rutland Health District*

The next few pages describe the demographic makeup of Rutland area adults in 2011-2012.

More than half of Rutland adults are female, while about two-thirds are ages 25-64. One fifth of Rutland adults are age 65 or older.

- Rutland area adults report similar a similar education distribution as those in Vermont overall.

More than four in ten Rutland area adults has a high school degree or less.

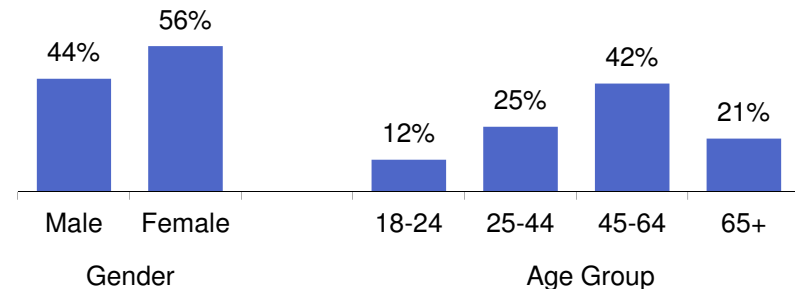
- Rutland adults are significantly more likely than Vermont adults overall to have a high school degree or less (44% vs. 41%) and less likely to have a college degree or more (27% vs. 31%).

A third of Rutland adults live in a home making less than \$25,000 annually, higher than the 26% among Vermont adults.

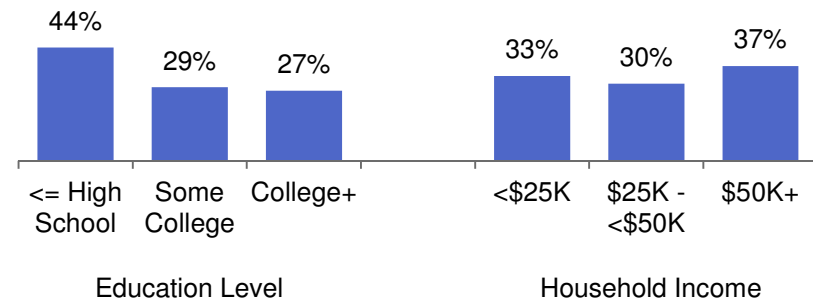
- Rutland adults are also significantly less likely than Vermont adults overall to live in homes making \$50,000 or more per year (37% vs. 47%).

Four percent of adults in the Rutland area report being a racial or ethnic minority, which is similar to the five percent among Vermont overall.

**Rutland Residents
by Gender and Age**



**Rutland Residents
by Socio-Economic Status**



*See page 27 for a list of the towns included in the Rutland Health District.

Demographics of Rutland Health District

Less than six in ten Rutland adult residents are currently employed, while one in six is retired. Ten percent said they are a student or homemaker, and eight percent or less each said they are unemployed or unable to work.

- Rutland adults are significantly less likely than Vermonters overall to be employed (57% vs. 63%).

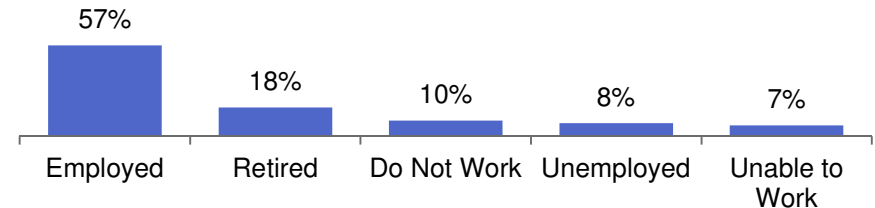
More than half of Rutland adults are married, while two in ten have never married. Fourteen percent are divorced with an additional eight percent widowed. Only three percent reported being part of an unmarried couple.

- Rutland adults are significantly more likely to be widowed than Vermont adults overall (8% vs. 6%).

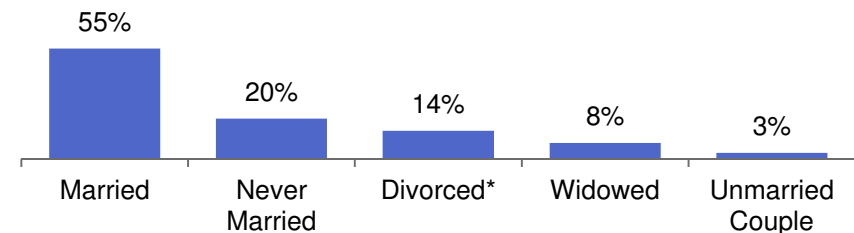
Seven in ten adults in the Rutland area said there are no children younger than 18 in their home. Three percent reported having three or more children.

- The number of children in the home reported by Rutland area adults was similar to that for Vermont overall.

**Rutland Residents
by Employment Status**

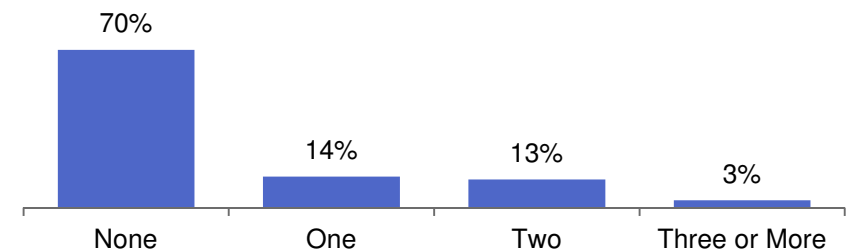


**Rutland Residents
by Marital Status**



*Includes those who reported their marital status as divorced or separated.

**Rutland Residents
by Children in Household**

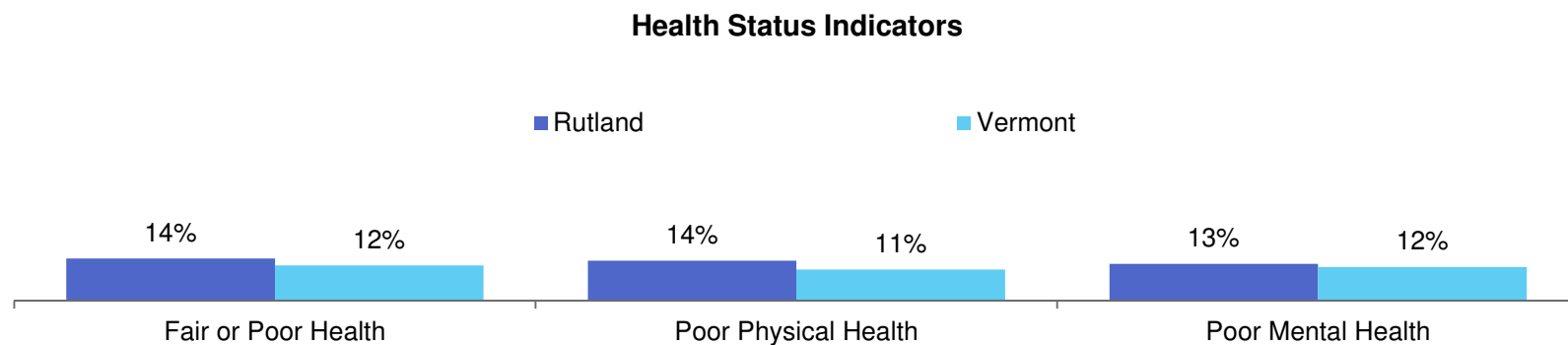


Health Status Indicators

In 2011-2012, one in seven Rutland area adults reported their general health is fair or poor. The same proportion reported having poor physical health, while slightly fewer, 13%, said they had poor mental health.

- Poor mental and physical health were defined as 14 or more days of poor mental/physical health in the last month.

There are no statistically significant differences in health status, regardless of the measure, when comparing Rutland area adults and Vermont adults overall.



Health Status Indicators

Rates of fair or poor general health, poor physical health and poor mental health among Rutland area adults do not differ significantly by gender.

Among Rutland adults, reporting fair or poor general health increase with age.

- Adults 65 and older are significantly more likely to report fair or poor general health compared with those 18-44 (22% vs. 8%).

Rutland adults 18-44 reported the lowest rates of fair or poor general health and poor physical health.

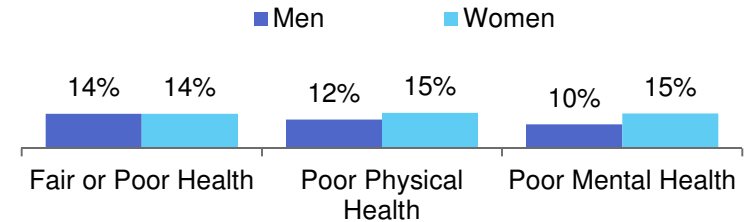
- Adults 18-44 are significantly less likely to have fair or poor general health compared with those 65 and older (8% vs. 22%).
- Similarly, 18-44 year olds are significantly less likely to report poor physical health compared with those 45-64 (8% vs. 17%).

There are no statistical differences in poor mental health by age.

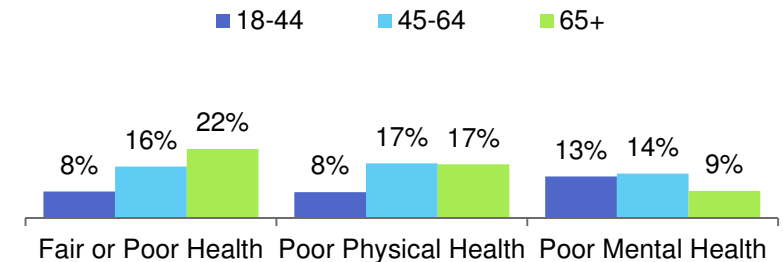
Poor health, regardless of the indicator, among Rutland area adults decreases with increasing annual household incomes.

- Those in homes making less than \$25,000 per year are significantly more likely to report fair or poor general health, poor physical health, and poor mental health compared with those with high incomes.

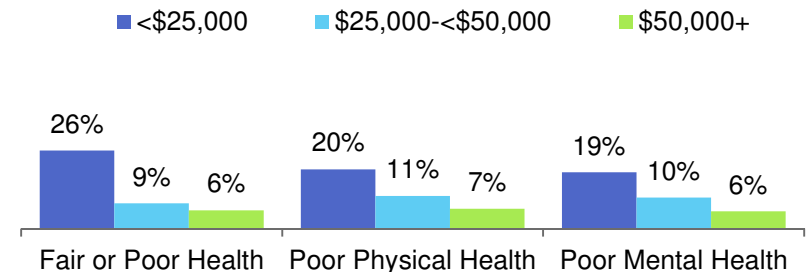
**Health Status Indicators by Gender
Rutland Adults**



Health Status Indicators by Age



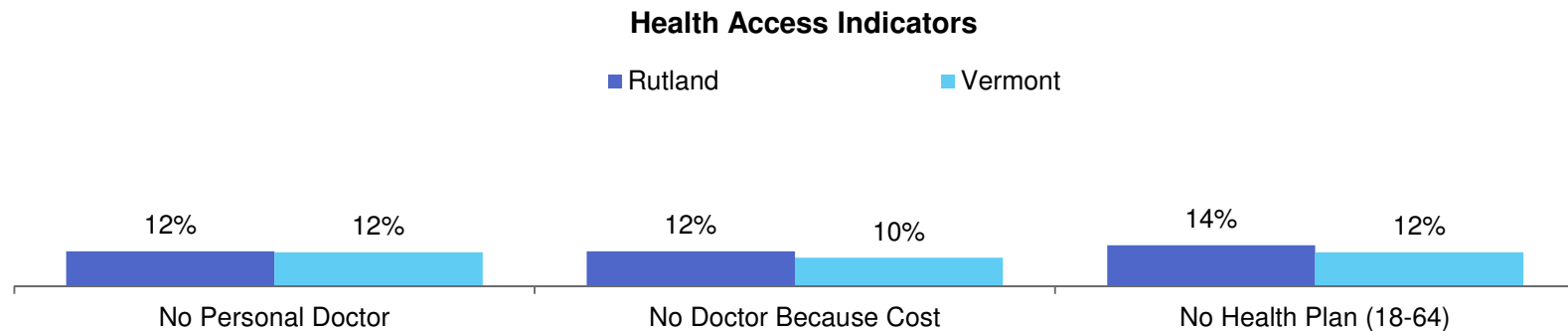
Health Status Indicators by Income Level



Health Access Indicators

In 2011-2012, one in eight adults in the Rutland area said they do not have a personal doctor for health care or that they delayed necessary care in the last year due to cost. One in seven Rutland area adults ages 18-64, said they do not have health insurance.

There are no statistically significant differences in health access, regardless of the measure, when comparing Rutland area and Vermont adults overall.



Health Access Indicators

Rutland area men are significantly more likely than women to report not having a personal doctor (16% vs. 10%). They are also more likely to not have health insurance (20% vs. 10%).

There is no statistical difference by gender in rates of delaying care due to cost.

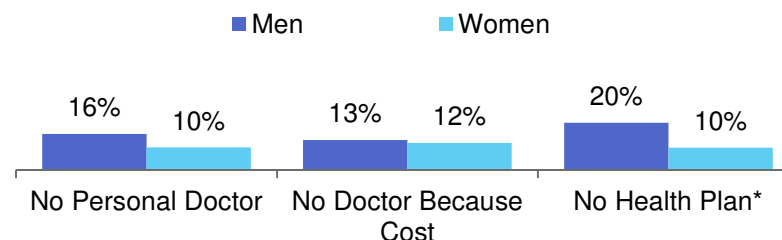
Poor health care access decreases with increasing age.

- Rutland adults 18-44 are significantly more likely than those 45 and older to not have a personal doctor. They are also significantly more likely than those 65 and older to report delaying care due to cost.
- Adults 18-44 are significantly less likely to have a health plan, compared with those 45-64 (19% vs. 10%).

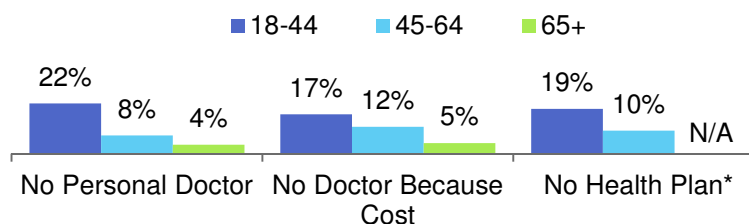
Adults in the Rutland area with higher annual household incomes are less likely to report poor health care access, regardless of the measure.

- Adults living in homes with the highest incomes are significantly less likely to not have a doctor than those in homes with incomes of less than \$25,000 annually (6% vs. 23%).
- Adults in homes making \$50,000 or more are significantly less likely than those with less income to delay care because of cost or not have a health plan.

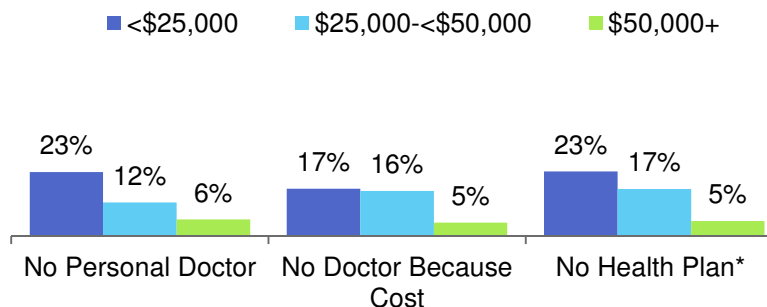
**Health Access Indicators by Gender
Rutland Adults**



Health Access Indicators by Age



Health Access Indicators by Income Level



*Limited to adults 18-64.

Disability

Less than a quarter of Vermont adults reported having a disability (21%) in 2012, this is similar to the proportion reported among adults in the Rutland area.

- Disability was defined as having activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment.

Men and women in the Rutland area report being disabled at the same rate.

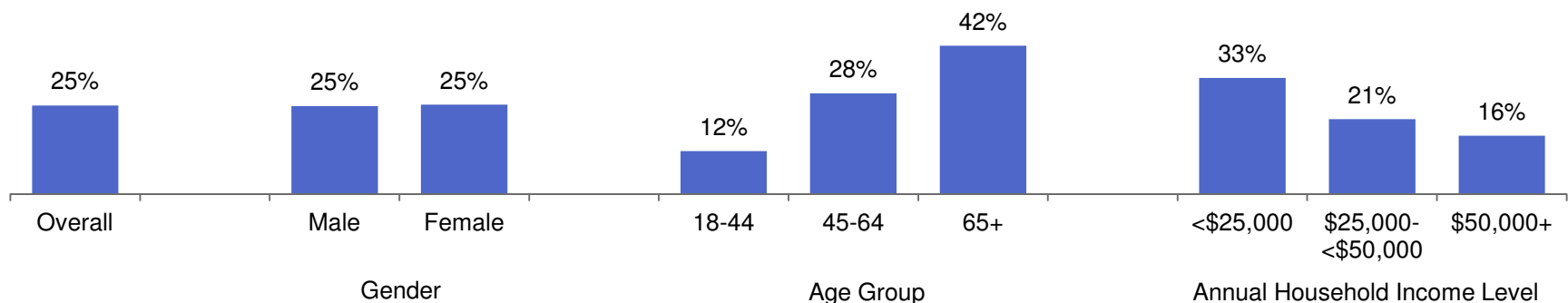
Reported disability among Rutland adults increases with increasing age.

- All differences by age are statistically significant.

Rutland area adults with lower annual household incomes are more likely to be disabled.

- Adults in homes making less than \$25,000 annually are significantly more likely to report being disabled than those in homes making \$50,000 or more (33% vs. 16%).

**Disability, Overall and by Sub-groups
Rutland Adults**



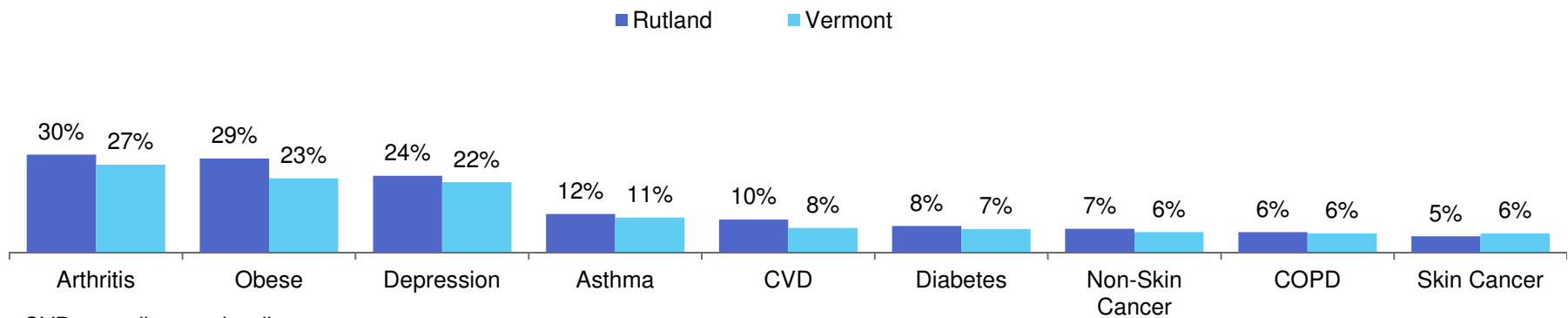
Chronic Conditions

Rutland area adults reported statistically higher rates of cardiovascular disease (CVD) when compared with Vermont adults.

- One in ten adults in the Rutland area reported having CVD, compared with 8% of Vermont adults.

Rutland and Vermont adults reported similar rates of each of the following chronic conditions: arthritis, obesity, depressive disorders, asthma, diabetes, chronic obstructive pulmonary disease (COPD), skin cancer, and non-skin cancers.

Prevalence of Selected Chronic Conditions



CVD = cardiovascular disease

Obesity data is limited to adults 20 and older and is age-adjusted to the U.S. 2000 population.

Chronic Conditions

There are no statistically significant differences by gender in the prevalence of arthritis, asthma, depressive disorders, or obesity among Rutland adults.

Arthritis prevalence among Rutland adults increases with age.

- All differences by age are statistically significant.

The prevalence of depressive disorders decreases with age among Rutland adults.

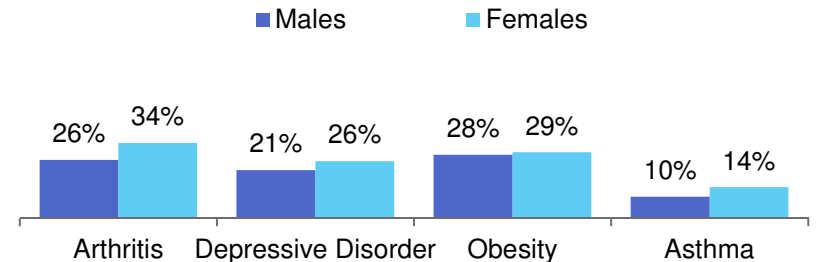
- Adults 65 and older are significantly less likely to report ever being diagnosed with a depressive disorder compared with those in younger age groups.

There are no differences in obesity and asthma by age.

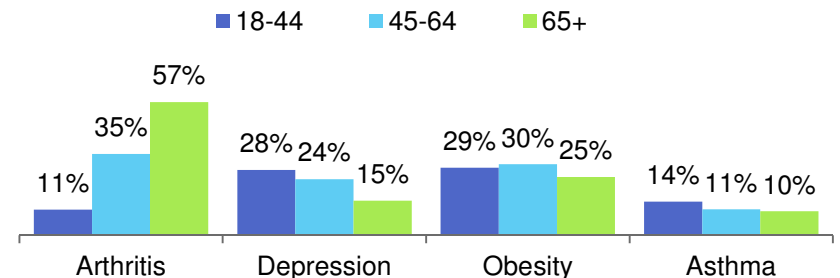
The prevalence of arthritis, depressive disorders, obesity, and asthma among Rutland adults all decrease as reported annual household income increases.

- Prevalence of depressive disorders is significantly lower among those in homes making more than \$50,000 compared to those in homes making less than \$25,000 annually (16% vs. 34%).
- There are no statistical differences in arthritis, asthma, or obesity prevalence by annual household income level.

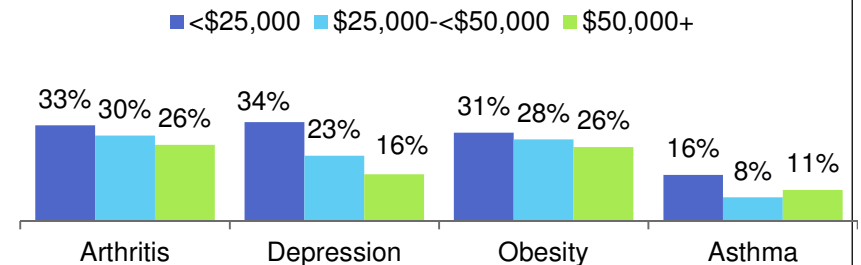
**Chronic Conditions by Gender
Rutland Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Note: Obesity data are for adults 20 and older and, except that by age, are age adjusted to U.S. 2000 standard population.

Chronic Conditions

There are no statistically significant differences by gender for the prevalence of cardiovascular disease, diabetes, and COPD.

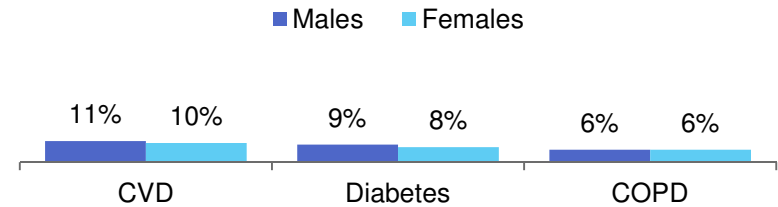
Reported cardiovascular disease, diabetes and COPD among Rutland area adults all increase as age increases.

- All differences by age for cardiovascular disease and diabetes are statistically significant.
- There are no statistical differences in COPD prevalence by age.

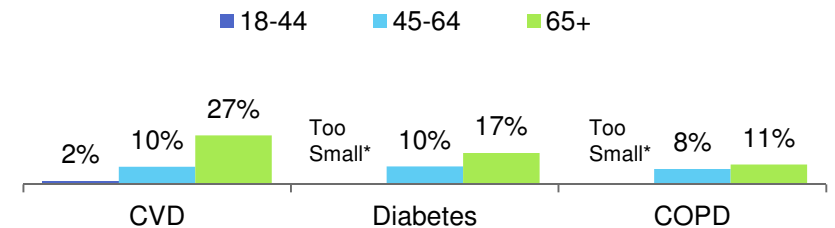
Rutland area adults living in homes with less income are more likely to say they have a cardiovascular disease, diabetes, and COPD.

- Those in homes making less than \$25,000 per year are significantly more likely than those in homes making \$50,000 or more to report having cardiovascular disease and COPD.
- There are no statistically significant differences in diabetes prevalence by household income level.

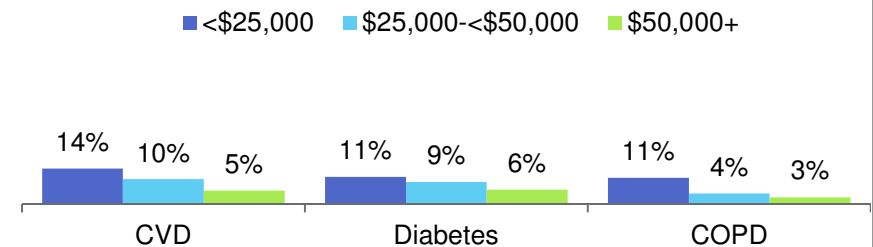
**Chronic Conditions by Gender
Rutland Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report

Chronic Conditions

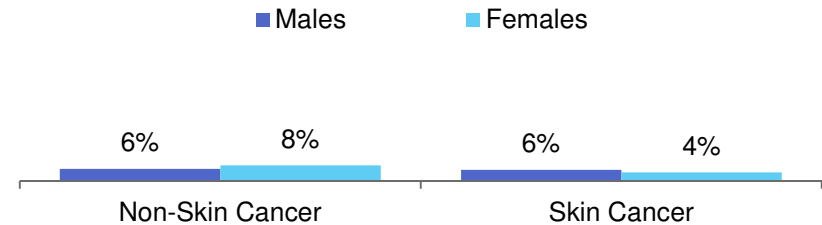
There are no statistical differences in the prevalence of non-skin cancer or skin cancer by gender, among Rutland adults.

The prevalence of both skin cancer and non-skin cancers increases with increasing age, among Rutland adults.

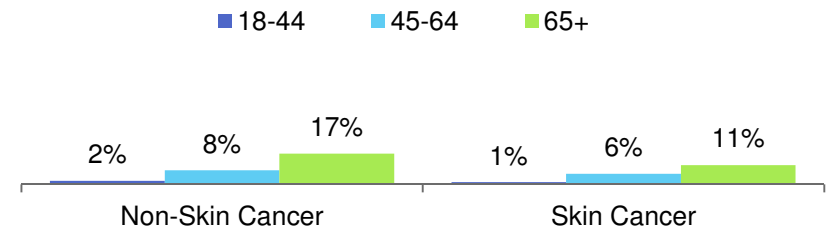
- Adults 65 and older are significantly more likely to report ever having cancer compared with those 18-64.
- Those 45 and older are significantly more likely than those 18-44 to report being diagnosed with skin cancer.

There are no statistical differences by annual household income level in the prevalence of non-skin cancer or skin cancer.

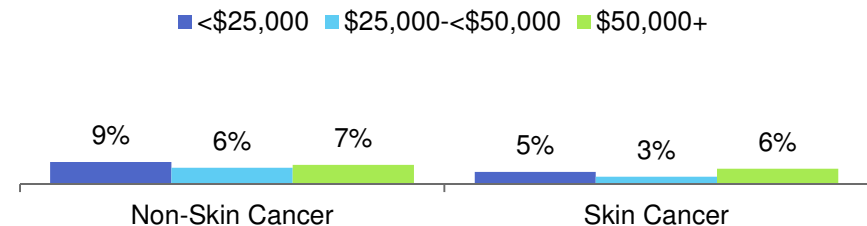
**Chronic Conditions by Gender
Rutland Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Risk Behaviors

In 2011-2012, nearly two in ten Rutland adults reported currently smoking. Of smokers, 53% had tried to quit in the last year.

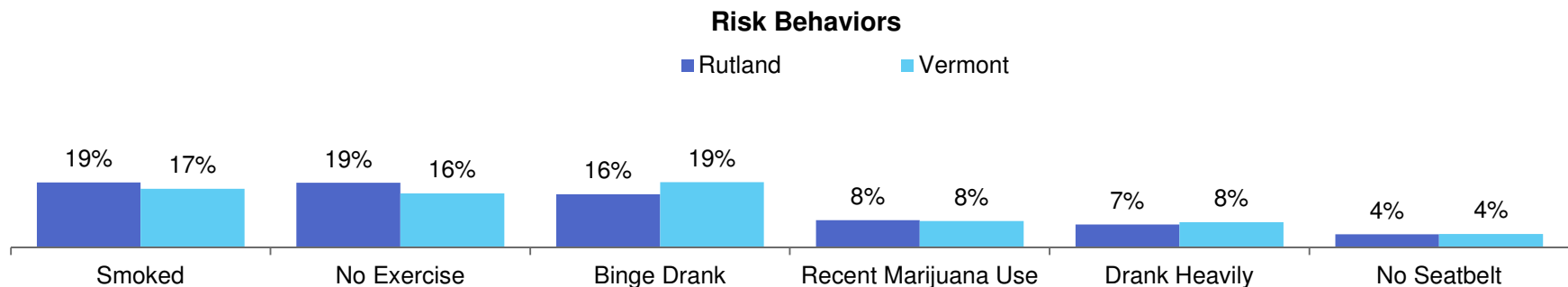
About two in ten Rutland adults also said they did not participate in any physical activity during the previous month.

One in six adults said they binge drank in the last month, while seven percent drank heavily. Eight percent reported using marijuana in the last 30 days.

- Binge drinking was defined as five or more drinks in one sitting for men and four or more drinks for women. Heavy drinking was defined as more than two drinks per day for men and more than one for women.

Seldom or never wearing a seat belt was reported by four percent of adults in the Rutland area.

There are no statistical differences between Rutland area adults and Vermont adults for any risk behavior measures.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population

Risk Behaviors

There are no statistically significant differences in smoking and not participating in physical activity by gender, among Rutland area adults.

Among adults in the Rutland area, smoking rates decrease with increasing age.

- Adults 18-64 have the highest smoking rates and are significantly more likely to report smoking than those 65 and older.

Conversely, not participating in physical activity increases with increasing age.

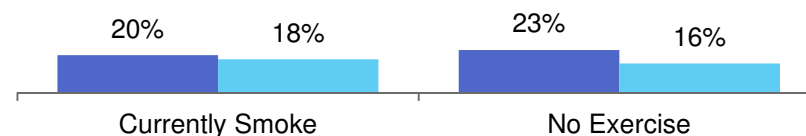
- Adults 65 and older are significantly more likely to not participate in physical activity than those 18-44 (28% vs. 13%).

Rutland area adults in homes with less income are more likely to currently smoke and not participate in physical activity.

- Adults in homes making \$25,000 or less are significantly more likely to smoke and not participate in physical activity than those in homes making \$50,000 or more.

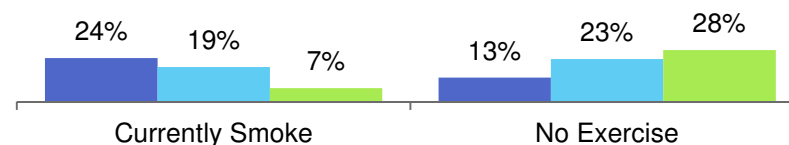
**Risk Behaviors by Gender
Rutland Adults**

■ Males ■ Females



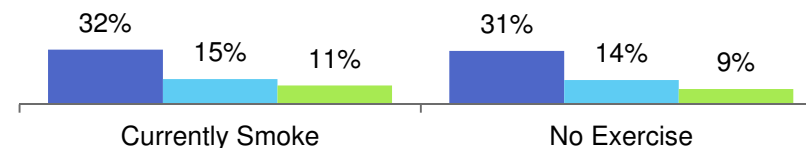
Risk Behaviors by Age

■ 18-44 ■ 45-64 ■ 65+



Risk Behaviors by Income Level

■ <\$25K ■ \$25K-<\$50K ■ \$50K+



Note: Smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

Risk Behaviors

Just less than a quarter of (23%) men in the Rutland area said they binge drank in the last month. This is significantly higher than the 10% reported among women.

- Heavy drinking among adults in the Rutland area does not differ by gender.

Rutland area men are also significantly more likely to report recent marijuana use, compared to women (14% vs. 4%).

Binge drinking and recent marijuana use both decrease with increasing age.

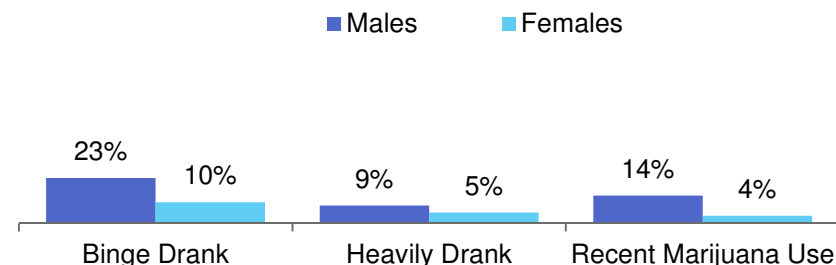
- All differences in binge drinking by age are statistically significant.
- Rutland adults 18-44 are significantly more likely to report using marijuana than those 45 and older (17% vs. 3%).
- There are no differences by age in the prevalence of heavy drinking.

In the Rutland area, recent marijuana use is highest among those with the lowest annual household incomes.

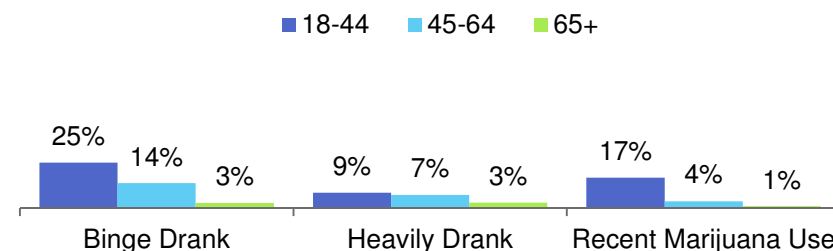
- Adults in homes making less than \$25,000 per year are significantly more likely to report using marijuana in the last month than those making \$25,000 or more per year (16% vs. 5%).

Binge and heavy drinking do not differ by annual household income.

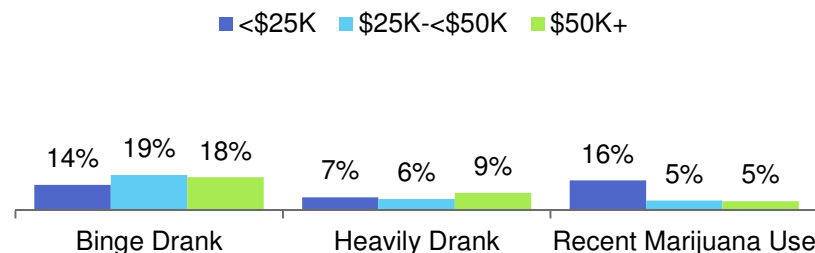
**Risk Behaviors by Gender
Rutland Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



Risk Behaviors

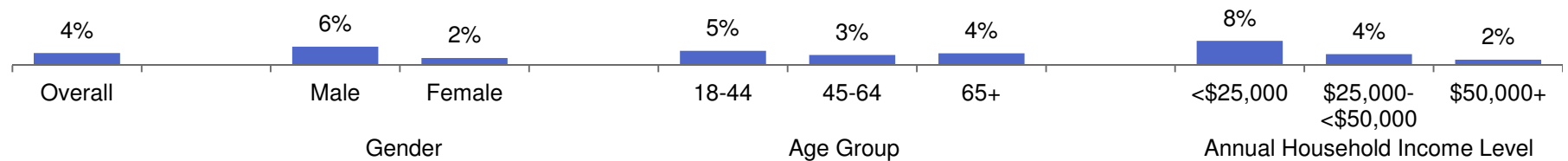
Overall, less than one in twenty (4%) adults in the Rutland area said they seldom or never wear a seatbelt when riding or driving in a car. This is the same rate reported by Vermont adults overall.

Rutland area men and women report never or seldom wearing seatbelts at statistically similar rates.

Adult non-use of seatbelts in the Rutland area does not differ by age.

Non-use of seatbelts among Rutland area adults decreases with increasing annual household income, however differences are not statistically significant.

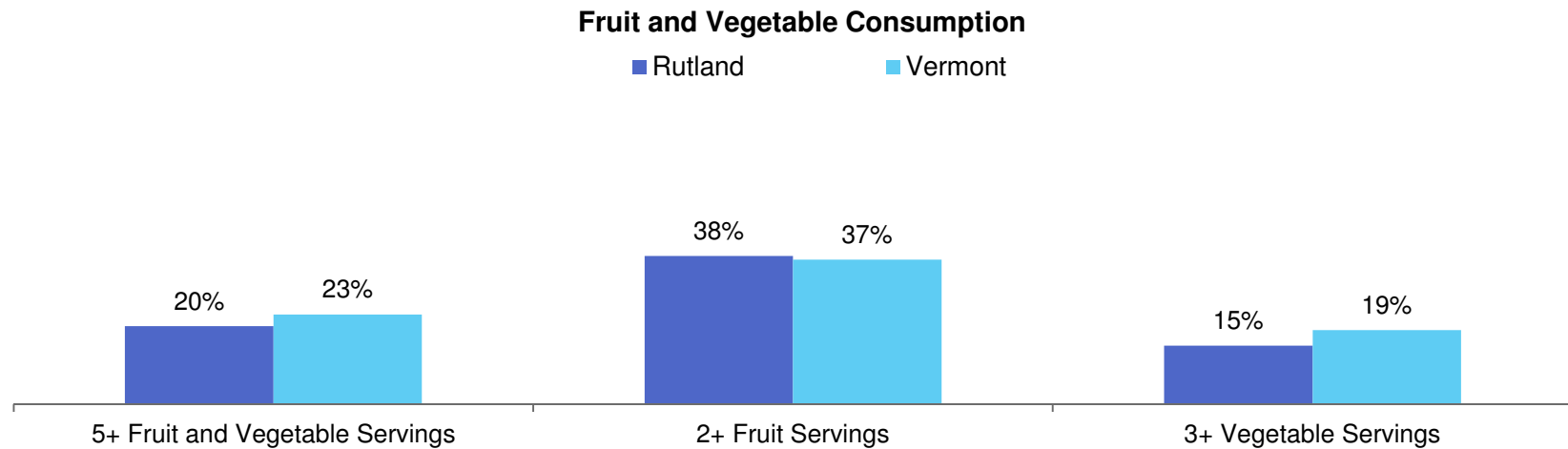
**Seldom or Never Wear Seatbelt, Overall and by Sub-groups
Rutland Adults**



Preventive Behaviors

In 2011, two in ten Rutland area adults reported eating the recommended five or more fruit and vegetable servings per day. Nearly four in ten ate two or more fruits while 15% reported eating three or more vegetable servings.

Rutland area adult consumption of fruits and vegetables was statistically similar to that among Vermont adults.



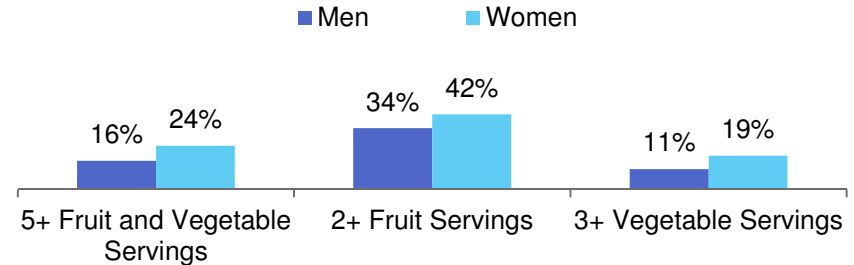
Preventive Behaviors

Among Rutland area adults there are no differences in fruit and vegetable consumption by gender or age.

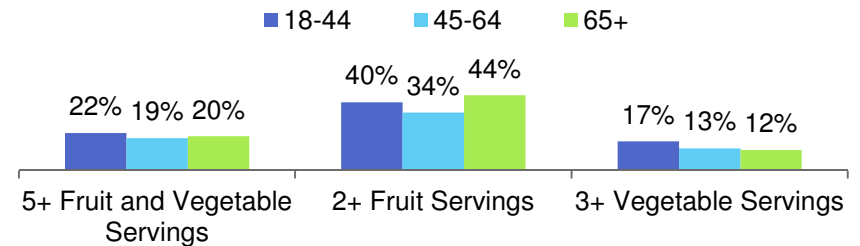
Consumption of fruits and vegetables, among Rutland adults, is highest among those with more annual household income.

- Adults in homes making less than \$25,000 per year are significantly less likely to report eating three or more vegetables per day than those in homes making \$25,000 to less than \$50,000 (8% vs. 23%).
- There are no statistical differences in the consumption of fruits or combined fruit and vegetable consumption by annual household income level.

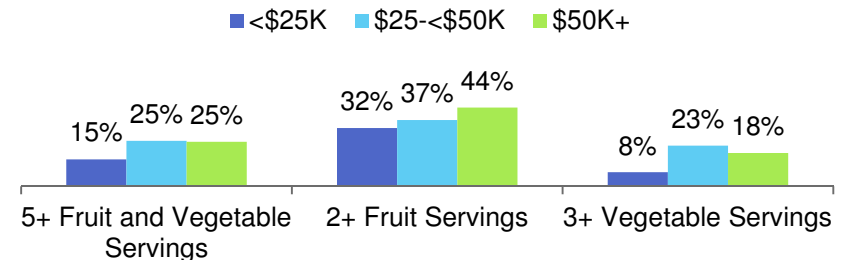
**Preventive Behaviors by Gender
Rutland Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



Note: Fruit and vegetable data, except that by age, is age adjusted to the U.S. 2000 standard population.

Preventive Behaviors

In 2011, about six in ten (59%) Vermont and Rutland area adults reported meeting physical activity recommendations*.

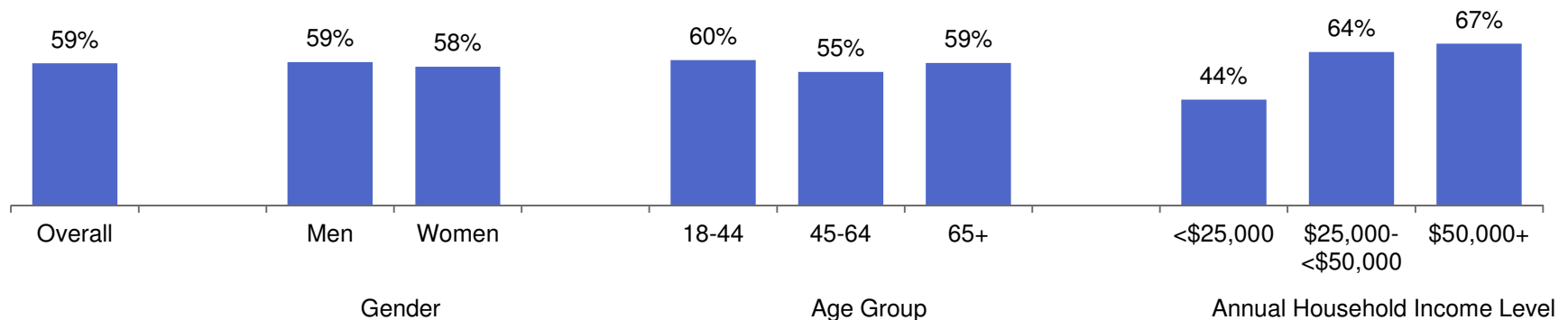
Men and women in the Rutland area reported meeting physical activity recommendations at statistically similar rates, 59% for men and 58% for women.

There are no differences in meeting physical activity recommendations by age, among Rutland adults.

The proportion meeting physical activity recommendations increases with annual household income level.

- Adults in homes making at least \$50,000 annually are significantly more likely to meet recommendations compared with those in homes making less than \$25,000 per year (67% vs. 44%).

**Met Physical Activity Recommendations, Overall and by Sub-groups
Rutland Adults**



*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see:

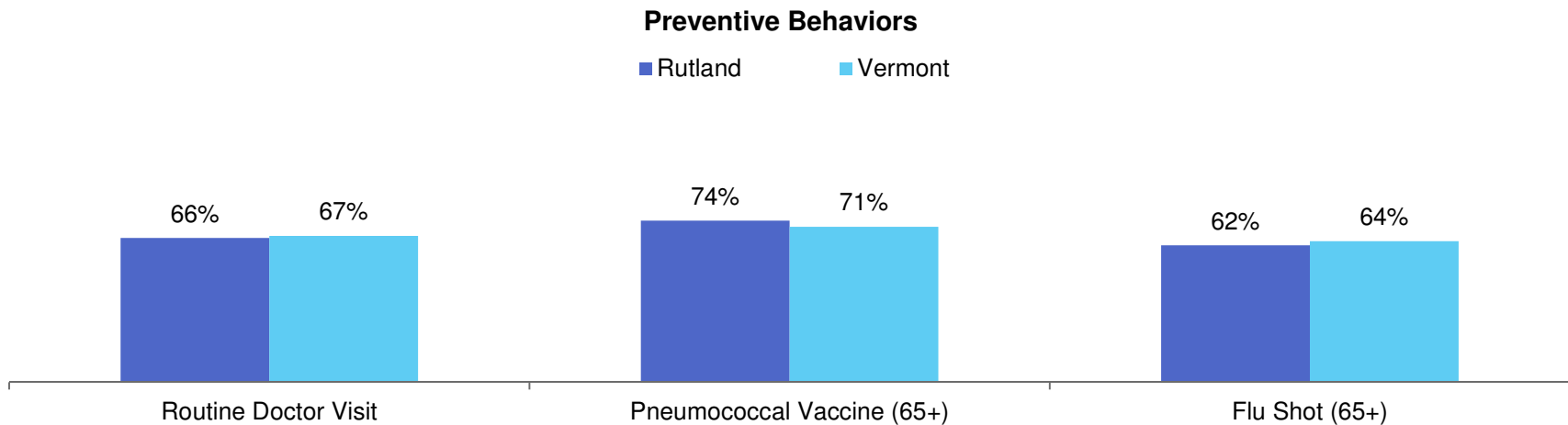
www.cdc.gov/physicalactivity/everyone/guidelines/index.html

Preventive Behaviors

Two-thirds of adults in the Rutland area said they saw their doctor for a routine visit in the previous year. This was similar to the 67% reported among all Vermont adults.

About three-quarters (74%) of Rutland area adults ages 65 and older have ever gotten a pneumococcal vaccine. Less than two-thirds (62%) reported having a flu shot in the last year.

- Vermont adults, ages 65 and older reported getting pneumococcal and flu shot vaccines at similar rates to Rutland adults, 71% and 64%, respectively.



Preventive Behaviors

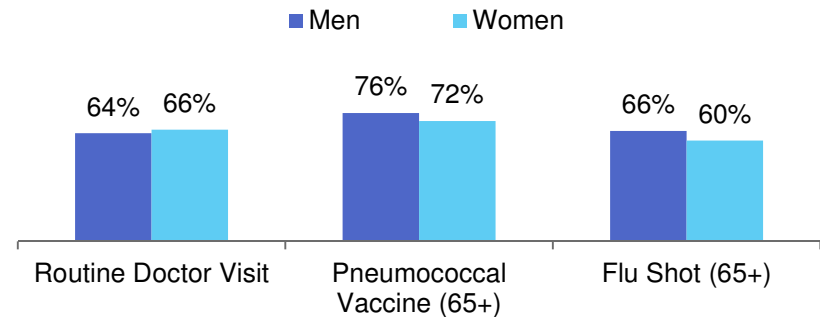
There are no differences, among Rutland area adults, in the occurrence of routine doctor visits, pneumococcal vaccinations, or flu shots by gender.

Routine visits to the doctor in the last year increase with age.

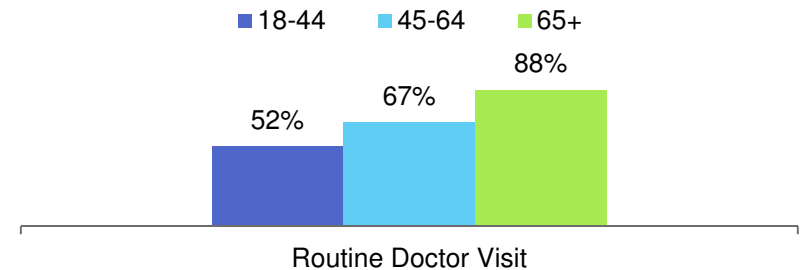
- All differences by age are statistically significant.

There are no differences, among Rutland area adults, in the occurrence of routine doctor visits, pneumococcal vaccinations, or flu shots by annual household income level.

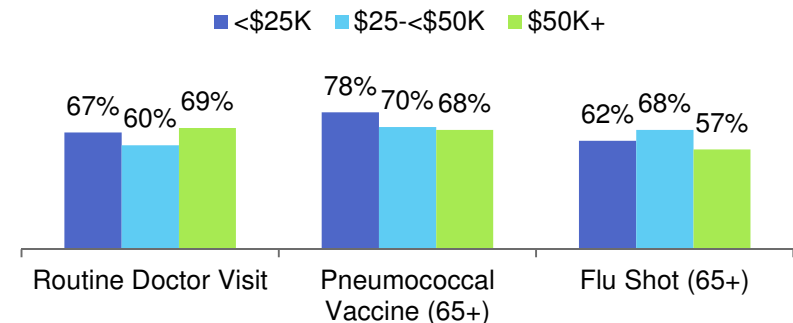
**Preventive Behaviors by Gender
Rutland Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



HIV Screening

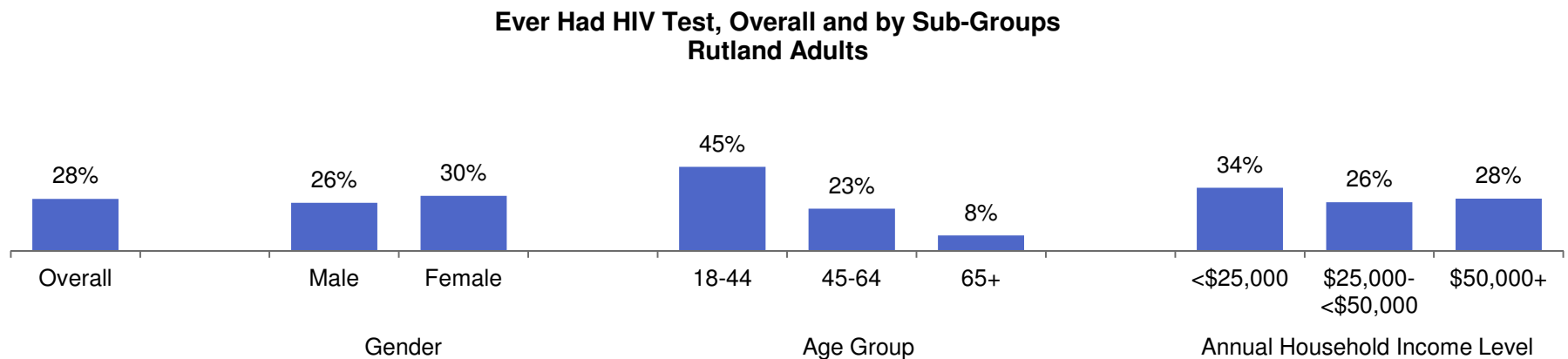
In 2011-2012, 28% of Rutland area adults had ever been tested for HIV. This is statistically similar to the 30% reported among Vermont adults overall.

Men and women in the Rutland area report HIV testing at similar rates.

Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- All differences by age are statistically significant.

There are no differences by annual household income level, among adults in the Rutland area, in HIV testing.



Cancer Screening

In 2012, more than three-quarters (78%) of women ages 50-74 in the Rutland area reported meeting breast cancer screening recommendations. This is similar to the 82% among all Vermont women in this age group.

- The breast cancer screening recommendation is a mammogram every two years.

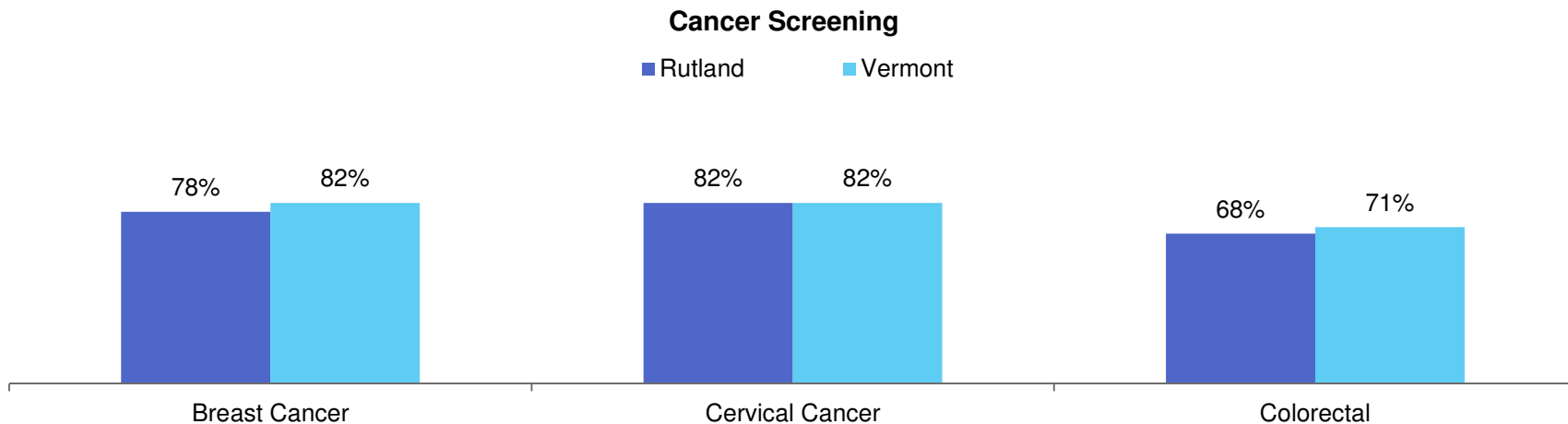
Eighty-two percent of women 21 and older who live in the Rutland area met cervical cancer screening recommendations, the same as was reported among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the Rutland area, roughly two-thirds (68%) met colorectal cancer screening recommendations. This also is similar to the rate reported by all Vermonters of the same age (71%).

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy ever five years and FOBT every three years OR colonoscopy ever ten years.

Data on cancer screenings are not broken out by subgroup as the screening recommendations are already limited by age and/or gender.



Community Safety and Resources

About half of Rutland area adults said they use community resources for physical activity (e.g. parks, playgrounds and sports fields). As compared with Vermont adults, those living in the Rutland area are significantly less likely to use community resources for physical activity (58% vs. 49%).

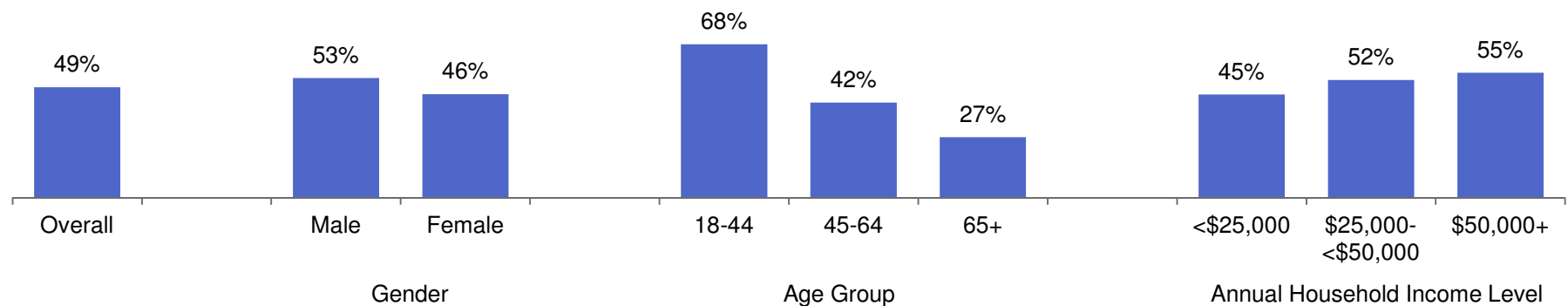
Men and women in the Rutland area use physical activity community resources at similar rates.

Use of community resources for physical activity decreases with increasing age.

- All differences, among Rutland adults, are significant by age.

Rutland area adults' use of community resources for physical activity increases with increasing annual household income level, however none of these differences are statistically significant.

**Use Community Resources for Physical Activity, Overall and by Sub-Groups
Rutland Adults**



Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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Additional sub-state level data can be found on the Vermont Department of Health website

<http://healthvermont.gov/hv2020/index.aspx>

Towns in the Rutland Health District are: Goshen, Benson, Brandon, Castleton, Chittenden, Clarendon, Danby, Fair Haven, Hubbardton, Ira, Killington, Mendon, Middletown Springs, Mount Holly, Mount Tabor, Pawlet, Pittsfield, Pittsford, Poultney, Proctor, Rutland, Rutland City, Shrewsbury, Sudbury, Tinmouth, Wallingford, Wells, West Haven, and West Rutland.